

**REPORT TO THE
TWENTY-SECOND LEGISLATURE**

STATE OF HAWAII

2004

**PURSUANT TO
SECTION 329-3, HAWAII REVISED STATUTES,
REQUIRING A REPORT BY THE
HAWAII ADVISORY COMMISSION ON DRUG ABUSE
AND CONTROLLED SUBSTANCES
(HACDACS)**

PREPARED BY:

**HAWAII ADVISORY COMMISSION ON DRUG ABUSE
AND CONTROLLED SUBSTANCES**

**DEPARTMENT OF HEALTH
STATE OF HAWAII
JANUARY 2004**

EXECUTIVE SUMMARY

Fiscal Year 2002-03 Annual Report for the Hawaii Advisory Commission on Drug Abuse and Controlled Substances (HACDACS) is submitted pursuant to Section 329-3, Hawaii Revised Statutes (HRS).

Duties of the Hawaii Advisory Commission on Drug Abuse and Controlled Substances are delineated in Section 329-4, HRS. The commission adopted the following as its mission statement:

The mission of HACDACS is to contribute to the solution of problems arising from substance abuse by acting in an advisory capacity to the Governor and the Legislature, and to the Departments of Health and Public Safety.

Pursuant to Section 329-2, HRS, the 15 commission members "... represent the pharmacological, medical, community and business affairs, youth action, educational, legal defense, enforcement, and corrections segments of the community."

Fiscal Year 2002-03 Annual Report for the commission contains information on its membership, organizational structure and highlights of activities. Recommendations to address the issue of substance abuse are as follows:

HACDACS recommends supporting community building coalitions to leverage and coordinate resources that reduce, prevent and eliminate substance abuse related problems.

HACDACS recommends strengthening the family's role in substance abuse by increasing their skills to resist drugs when offered, and strengthen their personal attitudes and commitments against drug use.

HACDACS recommends increasing the use of mass media coverage on substance abuse prevention and treatment.

HACDACS recommends strengthening substance abuse prevention and intervention programs in schools and communities and encouraging input from law enforcement and the Department of Health.

HACDACS recommends ensuring adequate funding for comprehensive treatment to assure: expanded treatment capacity; evidenced-based treatment and best practices; availability and accessibility; program diversity; responsiveness to age, gender, gender identity, geography and culture; and length of stay through the recovery continuum.

HACDACS recommends treating substance abuse as a public health problem by promoting effective treatment approaches that include person-centered models, a diversity of services and methodologies, and lengths of stays based on individual needs.

HACDACS recommends "investing for results" by supporting the development and implementation of service models that reduce relapse, promote timely intervention when relapse does occur, and support long-term recovery.

HACDACS recommends having “no wrong door” to treatment by supporting the development of services and service settings that are inviting, particularly by those who might not use more traditional treatment and recovery services.

HACDACS recommends a “commitment to quality” by promoting communication and collaboration between and among stakeholders in designing innovative recovery support services that meet community members’ self-identified needs.

HACDACS recommends “changing attitudes” by providing opportunities for recovery community members to be visible in positive and productive roles in our communities.

HACDACS recommends “building partnerships” by encouraging the formation of groups that will unite stakeholders who are responsible for various dimensions of alcohol and drug dependence problems and solutions.

**REPORT TO THE LEGISLATURE
SUBMITTED BY
THE HAWAII ADVISORY COMMISSION ON DRUG ABUSE
AND CONTROLLED SUBSTANCES (HACDACS)
FOR FISCAL YEAR 2002-03**

Duties of the Hawaii Advisory Commission on Drug Abuse and Controlled Substances (HACDACS) are delineated in §329-4, Hawaii Revised Statutes (HRS). The commission adopted the following as its mission statement:

The mission of HACDACS is to contribute to the solution of problems arising from substance abuse by acting in an advisory capacity to the Governor and the Legislature, and to the Departments of Health and Public Safety.

Pursuant to Section 329-2, HRS, the 15 commission members are "selected on the basis of their ability to contribute to the solution of problems arising from the abuse of controlled substances, and to the extent possible, shall represent the pharmacological, medical, community and business affairs, youth action, educational, legal defense, enforcement, and corrections segments of the community." The commission is attached to the Department of Health for administrative purposes.

MEMBERS BY CATEGORY OF APPOINTMENT AND TERM OF OFFICE

JUDITH AKAMINE

(East Hawaii) - Community and Business Affairs - 6/30/06

GARY L. BLAICH, M.D.

(Kauai) - Medical - 6/30/04

LANI LOUISE BOWMAN

(West Hawaii) – Community and Business Affairs - 6/30/05

THE REVEREND ALISON M. DINGLEY

Community and Business Affairs - 6/30/05

KRISTINE M. FOSTER

Community and Business Affairs - 6/30/04

KEVIN M.F. HO, Pharm. D.

Pharmacology - 6/30/05

BART S. HUBER

Enforcement - 6/30/05

T. VIVIAN ISHIMARU-TSENG, M.D.

Medical - 6/30/05

BARBARA-ANN KELLER

Youth Action - 6/30/05

MITCHELL “MITCH” KEPA

(Maui) Education - 6/30/05

CHAD Y. KOYANAGI, M.D.

Medical - 6/30/05

BERT Y. MATSUOKA

Youth Action - 6/30/04

WENDELL T. MURAKAWA

Corrections - 6/30/04

THELMA C. NIP

Education - 6/30/05

BARBARA A. YAMASHITA

Community and Business Affairs - 6/30/04

On January 17, 2002, members voted unanimously to elect Bart Huber as Chairperson and Thelma Nip as Vice-Chairperson. Monthly meetings were scheduled for the third Thursday of each month.

The commission is organized into three regular committees, an ad hoc committee and one liaison. Their respective areas of focus are:

Committee to Increase Public Awareness. Focuses on public health approaches to educate the public – policy makers, educators, public officials and civic leaders, employers, community-based organizations, health and wellness professionals and practitioners, insurers, consumers of substance abuse services and their families and friends, staff working in the criminal justice system and labor unions – that addiction is a treatable chronic disease. (Kevin M.F. Ho, Pharm.D. and T. Vivian Ishimaru-Tseng, M.D., Co-chairs; Alison Dingley, Bart Huber and Mitchell “Mitch” Kepa)

Committee to Seek Policy Change. Focuses on issues that impact the financing of substance abuse treatment and the continuum of services, including but not limited to child care services, vocational services, mental health services, medical services, educational services, HIV/AIDS services, legal services, financial services, housing, transportation services and family services. Committee activities involved collaboration with agencies and organizations involved in obtaining Hawaii actuarial data on substance abuse treatment benefit utilization. (Gary Blaich, M.D., Chair; Judith Akamine, Kris Foster, Barbara-Ann Keller, Chad Koyanagi, M.D., Bert Matsuoka and Wendell Murakawa)

Committee to Promote Prevention Activities. Focuses on community-based services and the activities directed toward the prevention of substance abuse. The Committee’s focus on prevention – the promotion of constructive lifestyles and norms that discourage drug use and the development of social and physical environments that facilitate drug-free lifestyles – recognizes the need for multiple strategies and that prevention is an ongoing process that must relate to each emerging generation. (Thelma Nip, Chair; Gary Blaich, M.D., Lani Bowman, Bart Huber, Mitchell “Mitch” Kepa and Barbara Yamashita)

Ad Hoc Committee on Annual Report. Drafts and finalizes HACDACS Annual Report (Wendell Murakawa, Chair; Judith Akamine, Alison Dingley and Thelma Nip)

Liaison. A liaison provides representation to the Department of Public Safety. (Wendell Murakawa)

HAWAII STUDENT ALCOHOL, TOBACCO, AND OTHER DRUG USE STUDY: **1987-2002**

According to the student use survey, substance abuse rates among Hawaii's youth are continuing to decline. Almost 28,000 students in 181 public and 34 private schools in Hawaii took part in the survey conducted by the State of Hawaii Department of Health, Alcohol and Drug Abuse Division (ADAD), and the University of Hawaii Speech Department. The survey was administered anonymously to sixth, eighth, tenth, and twelfth graders. The aim of the study was three-fold to assess: the prevalence and trends of substance use, the risk and protective factors that indicate potential substance use and abuse; and treatment needs within the community. The study was funded with federal funds from the Center for Substance Abuse Prevention.

The study indicates that at least 11% (11,319) of the students statewide in both public and private schools grades six through twelve are estimated to need treatment for either alcohol or drug abuse. The areas of greatest need are: Hawaii district 13.7% (1,787 students), Maui district 14.4% (1,558 students) and Windward Oahu district 14.3% (1,224 students). The study further identified a total of 671 (12.7%) students in Kauai district, 1,593 (8.9%) students in Leeward Oahu, 1,277 (8.1%) students in Central Oahu, and 1,364 (8.3%) students in Honolulu district.

Although the alcohol, tobacco, and other drug use study was in a school setting, an examination of factors related to adolescent substance use and abuse show that effective prevention and treatment programs must extend well beyond the school campus. Effective prevention and treatment programs require the combined efforts of communities, law enforcement, families, media, and ongoing school-based substance abuse programs. The Hawaii Department of Health, Alcohol and Drug Abuse Division (ADAD), makes the following recommendations based on the findings from *The 2002 Hawaii Student Alcohol, Tobacco, and Other Drug Use Study (1987-2002): Adolescent Prevention and Treatment Needs Assessment* (Pearson, 2003).

Make substance abuse prevention a priority in every community. Research has shown that prevention plans that take into account community-level risk and protective factors have the greatest potential for successfully decreasing the rates of youth substance abuse. Perceived availability of substances and exposure to people using substances are critical risk factors in substance use and abuse. Thus, community efforts to reduce availability through voluntary efforts by merchants and through community enforcement of merchant compliance with Federal and State laws prohibiting sales of alcohol and tobacco products to minors must be continued and increased. Tightening of local ordinances restricting drinking and cigarette smoking in public settings is needed to decrease exposure to substance abuse.

Strengthen the family's role and skills in substance abuse prevention efforts. Parents and family members must recognize that exposure to substance use by family members puts children and adolescents at risk for substance use and abuse. Parents' expressed disapproval of substance use is a powerful deterrent against substance use and abuse by children. The risk and protective factors addressed in this study suggest that parents need to take an active role in their children's lives, including talking to them about the dangers of substance use, monitoring their activities, understanding their problems, and being prepared to support their need to receive treatment for substance abuse.

Ensure that every adolescent who has substance abuse or dependence problems gets treatment. Although substance abuse is a community problem, school-based treatment programs make treatment easily accessible to youths who need treatment. Accessible school-based substance treatment programs should be sustained and expanded to all high schools and intermediate schools. Material about substance abuse treatment and counseling programs must be distributed more widely in schools and must thoroughly emphasize the fact that these services are strictly confidential.

Increase mass media coverage on substance abuse prevention and treatment.

Community efforts must include extensive mass media coverage designed to alter the myth that substance use is normative behavior (e.g., “everyone is using substances”), to educate parents regarding their critical role in substance use prevention and treatment, to teach parents skills for better family communication, and to increase public awareness regarding substance abuse symptoms and treatment programs. Components of a comprehensive media campaign include but not be limited to television public service announcements, featured news stories, and radio programming. Additionally, distribution of printed material in workplaces, physicians’ offices, and health care agencies could be used to increase public awareness and to teach community members skills they could use to modify their substance use behaviors and behaviors of others.

Increase community awareness of the serious consequences of underage alcohol usage.

Communities need to employ effective strategies designed to decrease underage alcohol usage. Underage alcohol usage initiatives should include limiting access to alcohol through stricter enforcement of laws and regulations designed to prohibit alcohol use by minors and by providing prevention and education activities that deter youth alcohol usage in schools and within communities. Media and public relation efforts need to raise awareness of the problems and solutions to underage drinking.

Strengthen substance abuse prevention programs in the school and the community. A comprehensive substance abuse prevention program must begin no later than the fourth grade and continue through high school. Prevention efforts should target identified risk and protective factors and convey the important message that the majority of students are not using alcohol, tobacco, or drugs. School-based prevention programs must be augmented by community-based approaches serving young people after school and by parenting programs, particularly for parents of young adolescents and for high-risk families. All school and community based prevention efforts should address identified risk and protective factors and should use proven, science-based curricula and approaches.

SUBSTANCE ABUSE PREVENTION

In more than 20 years of drug abuse research, the National Institute on Drug Abuse (NIDA) has identified important principles for prevention programs in the family, school and community. NIDA-supported researchers have tested these principles in long-term drug abuse prevention programs and have found them to be effective.

- Prevention programs should be designed to enhance "protective factors" and move toward reversing or reducing known "risk factors." (Protective factors are those associated with reduced potential for drug use; risk factors are those that make the potential for drug use more likely.)
- Protective factors include strong and positive bonds within a prosocial family; parental monitoring; clear rules of conduct that are consistently enforced within the family; involvement of parents in the lives of their children; success in school performance; strong bonds with other prosocial institutions, such as school and religious organizations; and adoption of conventional norms about drug use.
- Risk factors include chaotic home environments, particularly in which parents abuse substances or suffer from mental illnesses; ineffective parenting, especially with children with difficult temperaments or conduct disorders; lack of mutual attachments and nurturing; inappropriately shy or aggressive behavior in the classroom; failure in school performance; poor social coping skills; affiliations with deviant peers or peers displaying deviant behaviors; and perceptions of approval of drug-using behaviors in family, work, school, peer and community environments.
- Prevention programs may target a variety of drugs of abuse, such as tobacco, alcohol, inhalants, and marijuana or may target a single area of drug abuse such as the misuse of prescription drugs.
- Prevention programs should include general life skills training and training in skills to resist drugs when offered, strengthen personal attitudes and commitments against drug use, and increase social competency (e.g., in communications, peer relationships, self-efficacy and assertiveness).
- Prevention programs for children and adolescents should include developmentally appropriate interactive methods, such as peer discussion groups and group problem solving and decision making, rather than didactic teaching techniques alone.
- Prevention programs should include parents' or caregivers' components that train them to use appropriate parenting strategies, reinforce what the children are learning about drugs and their harmful effects, and that open opportunities for family discussions about the use of legal and illegal substances and family policies about their use.

- Prevention programs should be long-term (throughout the school career), with repeat interventions to reinforce the original prevention goals. For example, school-based efforts directed at elementary and middle school students should include booster sessions to help with the critical transitions such as from middle to high school.
- Family-focused prevention efforts have a greater impact than strategies that focus on parents only or children only.
- Community programs that include media campaigns and policy changes, such as new regulations that restrict access to alcohol, tobacco, or other drugs, are more effective when they are accompanied by school and family interventions.
- Community programs need to strengthen norms against drug use in all drug abuse prevention settings, including the family, the school, the workplace and the community.
- Schools offer opportunities to reach all populations and also serve as important settings for specific subpopulations at risk for drug abuse, such as children with behavior problems or learning disabilities and those who are potential dropouts.
- Prevention programming should be adapted to address the specific nature of the drug abuse problem in the local community.
- The higher the level of risk of the target population, the more intensive the prevention effort must be and the earlier it must begin.
- Prevention programs should be age-specific, developmentally appropriate and culturally sensitive.
- Effective prevention programs are cost-effective. For every \$1 spent on drug use prevention, communities can save \$4 to \$5 in costs for drug abuse treatment and counseling.

The following are critical areas for prevention programs:

Family Relationships. Prevention programs can teach skills for better family communication, discipline, and firm and consistent rulemaking to parents of young children. Research also has shown that parents need to take a more active role in their children's lives, including talking with them about drugs, monitoring their activities, getting to know their friends and understanding their problems and personal concerns.

Peer Relationships. Prevention programs focus on an individual's relationship to peers by developing social-competency skills, which involve improved communications, enhancement of positive peer relationships and social behaviors and resistance skills to refuse drug offers.

The School Environment. Prevention programs also focus on enhancing academic performance and strengthening students' bonding to school, by giving them a sense of identity and achievement and reducing the likelihood of their dropping out of school. Most curriculums include the support for positive peer relationships (described above) and a

normative education component designed to correct the misperception that most students are using drugs. Research has also found that when children understand the negative effects of drugs (physical, psychological, and social), and when they perceive their friends' and families' social disapproval of drug use, they tend to avoid initiating drug use.

The Community Environment. Prevention programs work at the community level with civic, religious, law enforcement, and governmental organizations and enhance anti-drug norms and prosocial behavior through changes in policy or regulation, mass media efforts and community-wide awareness programs. Community-based programs might include new laws and enforcement, advertising restrictions and drug-free school zones – all designed to provide a cleaner, safer, drug-free environment.

IMPROVING SUBSTANCE ABUSE TREATMENT: THE NATIONAL TREATMENT PLAN INITIATIVE *

The *National Treatment Plan Initiative* provides guidelines and recommendations for improving substance abuse treatment. In order to attain the goal of ensuring appropriate care to all who need it, adequate resources, effective service systems and higher standards of treatment are prerequisites. Success would depend on selection of strategies and pursuit of specific recommendations.

Invest for results. The wise use of resources requires investment in treatment and services that in turn must produce the desired results.

- Close serious gaps in treatment capacity to reduce associated health, economic and social costs.
- Align financing and reimbursement mechanisms to ensure the most effective and efficient use of available resources.
- Establish standard insurance benefits for both public and private insurance that provide coverage for substance abuse and dependence equivalent to other medical conditions and that include a full array of appropriate treatment and continuing care.
- Set reimbursement rates and funding levels to cover reasonable costs of providing care, including evidence-based practice improvements and reinvestment; workforce recruitment, retention and development; and care for persons without public or private insurance.

“No wrong door” to treatment. Effective systems must ensure that an individual needing treatment will be identified and assessed and will receive treatment, either directly or through appropriate referral, no matter where he or she enters the realm of services.

* U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment; “Improving Substance Abuse Treatment: The National Treatment Plan Initiative,” November 2000.

- Require appropriate assessment, referral and treatment in all systems serving people with substance abuse and dependence problems.
- Ensure that in all systems individuals enter and become engaged in the most appropriate type and level of substance abuse treatment and that they receive continuing services at the level needed.
- Apply a commonly accepted, evidence-based model for the continuum of services and care for substance abuse and dependence across health, human services and justice systems as well as in the substance abuse specialty sector.

Commit to quality. Effective treatment and the wise use of resources depend upon ongoing improvement in the quality of care.

- Establish a system that more effectively connects services and research (CSR), with the goal of providing treatment based on the best scientific evidence. The system should specifically:
 - (a) Promote consistent communication and collaboration among service providers, academic institutions, researchers and other relevant stakeholders; and
 - (b) Establish incentives and assistance for programs and staff in applying the new standards and treatment methods.
- Utilizing the CSR system, develop commonly accepted standards for the treatment field –
 - (a) Define evidence-based standards for quality of care and practices that apply to all systems and payors;
 - (b) Derive or achieve consensus on critical data elements to measure quality of care and treatment outcomes for payors and providers;
 - (c) Establish standards for education, training and credentialing of alcohol and drug treatment professionals and for other health and human service providers; and
 - (d) Adopt best business practices for program management and operations.
- Attract, support and maintain a high quality, diverse workforce, responsive to the client population.

Change attitudes. Significant reduction in stigma and changes in attitudes will require a concerted effort based on systematic research.

- Engage the recovery community in all levels of discussion concerning substance abuse and dependence.
- Conduct systematic research to better understand how people at risk for, suffering from, or in recovery from alcohol and/or drug abuse are affected by multiple and overlapping

forms of stigma, and to understand more fully the views and attitudes of various population groups regarding substance abuse and treatment.

- Conduct educational initiatives about alcohol and drug problems and effective treatments that promote the dignity of, and reduce stigma and discrimination against, people in recovery.

Build partnerships. Effective efforts by individuals and organizations throughout the substance abuse treatment field to work with each other and with the many other people and groups throughout society who share a concern to improve substance abuse treatment will require specific encouragement and support.

- Encourage formation of effective groups that will:
 - (a) Unite people with alcohol and/or drug problems, people in recovery, their families and friends, and
 - (b) Bridge State/local systems of care and services that are responsible for various dimensions of the problem.
- Create forums where government agencies and private organizations can collaborate.
- Establish a Partnership Support Program that provides financial and other support to collaborative projects and groups.
- Establish “partnership-building” as a priority objective in all appropriate programmatic and funding activities.

ACTIVITIES

Throughout the year, members participated in various activities that address substance abuse prevention and treatment:

Recovery Month Activities. Commissioners Gary Blaich, Alison Dingley, Bart Huber, Vivian Ishimaru-Tseng, Barbara-Ann Keller, Bert Matsuoka, Wendell Murakawa and Thelma Nip participated in the “Recovery Month” forum which featured a presentation on “Changing for the Conversation” by H. Westley Clark, Director of the Center for Substance Abuse Treatment. The community forum offered an opportunity for Hawaii’s substance abuse treatment providers, educators, business community, policy makers, residents and family members of those in recovery to offer recommendations on ways to help solve the state’s substance abuse treatment challenges.

Substance abuse and mental health treatment insurance benefits. Drs. Blaich, Ishimaru-Tseng and Koyanagi were invited to meet with legislators and the Equal Insurance Coalition (=IC) to discuss “parity” in substance abuse and mental health treatment insurance legislation.

State Incentive Grant (SIG). Chairperson Bart Huber and Vice-Chairperson Thelma Nip represent HACDACS on the SIG Advisory Committee and attend the SIG meetings and training sessions. Commissioner Judy Akamine attends work group meetings at which a broad range of issues relating to community education, community action, communication and advocacy are discussed.

Child Welfare and Substance Abuse Services Collaboration. Commissioners Barbara Yamashita and Kristine Foster are members of an interagency work group that developed a model and strategic plan to address the collaboration among the child welfare and substance abuse treatment service systems. The purpose of the work group is to address the barriers to safety and permanency for children of parents with substance abuse problems.

The Family Court of the First Judicial Circuit, the Department of Health and the Department of Human Services developed a “Dependency Drug Court,” which addresses cases in which parental substance abuse was a driving factor in child abuse/neglect allegations leading to court action. Court and Child Welfare Services (i.e., CPS) workers track clients’ treatment progress and the Court imposes rewards and graduated sanctions in response to the client's progress.

Offender Treatment Services. Commissioners Wendell Murakawa and Alison Dingley monitor Administrative and Legislative initiatives relating to the funding of offender treatment services. During the 2003 Session, funds were appropriated for Fiscal Biennium 2003-05 for substance abuse treatment and case management services to address the continuum of criminal justice – pre-trial, probation, corrections and parole – populations.

TRAINING

Pathway to Progress: Toward Evidence Based Practices in the Treatment of Co-Occurring Substance Use Disorders and Serious Mental Illness, July 30, 2002. Dr. Kenneth Minkoff, recognized as one of the nation’s leading experts in the development of integrated treatment of individuals with co-occurring substance abuse and mental health disorders discussed:

- The integrated model with principles of successful treatment intervention.
- Implementation of the comprehensive continuous integrated system of care.
- Program level markers of dual diagnosis capability.
- Clinician competency.
- Designing a welcoming, accessible, integrated, continuous and comprehensive system.

Family Treatment Courts: Understanding Addiction, Recovery and the Role of the Treatment Court, August 7, 2002. Dr. Kenneth D. Robinson, who is a faculty member of the National Judicial College and consultant to the Bureau of Justice, covered: the Psychopharmacology of

Addiction, Post Affective Withdrawal Syndrome, Barriers to Recovery and Cognitive Behavioral Approaches. Judge Charles M. McGee, who started the first family drug court covered: Barriers to Collaboration; the Court as a Treatment Partner; Sanctions: What to Use, When and How; Spouse and Partner Services and Building Support Systems.

Healthy, Safe and Sober: Bringing Hawaii's Systems Into Partnership conference.

Commissioner Lani Bowman attended the *Healthy, Safe and Sober: Bringing Hawaii's Systems Into Partnership* conference. Through a Substance Abuse and Mental Health Administration (SAMHSA), Center for Substance Abuse Treatment (CSAT) grant, the Salvation Army Family Treatment Services, in conjunction with ADAD, the Family Health Services Division, Maternal and Child Health Branch and the Hawaii S.A.F.E. Council, sponsored the November 7 and 8, 2002 conference targeting substance abuse counselors, public health workers, child welfare workers, healthy start workers, social workers, nurses, physicians, psychologists, members of the Judiciary and Family Court personnel. Topics covered during the conference included: substance abuse, healthcare and child welfare; changing and improving services for women and children; enhancing treatment compliance for pregnant women through understanding the process of change and motivational interviewing; combating stereotypes; and integrating and strengthening local systems to affect positive change.

Nineteenth Annual Pacific Institute of Chemical Dependency. Commissioners Barbara Ann Keller and Dr. Chad Koyanagi attended the *Nineteenth Annual Pacific Institute of Chemical Dependency* on January 27-29, 2003. Terence T. Gorski, who is an internationally recognized expert on substance abuse, mental health, violence and crime, discussed relapse prevention, managing chemically dependent offenders and developing community-based teams for managing the problems of alcohol, drugs, violence and crime. The three days covered:

Denial Management Counseling. Teaching people how to think about and talk about serious and painful problems while staying centered and peaceful, without giving in to anger or fear, and without activating automatic patterns of denial and treatment resistance that prevent problem identification and problem solving. Participants learned the skills needed to motivate clients with strong denial and treatment resistance to recognize problems related to their substance use and to voluntarily enter ongoing treatment.

Treatment of Chemically Dependent Criminal Offenders. Assisting participants to learn and utilize proven and effective counseling strategies, and to identify specific relapse warning signs, as they relate to criminal offenders. The session increased awareness and competence for addiction counselors and therapists working with chemically dependent criminal offenders, who relapse at a higher rate and tend to discontinue treatment sooner than their non-criminal counterparts. (Treatment centers and support groups have historically had a difficult time addressing the issues that contribute to their relapse and treatment failures. Frequently, the client is blamed and labeled as “non-compliant, unwilling, institutionalized, adversarial and lacking motivation.”)

GUEST SPEAKERS

“Recovery Month.” Andy Anderson, Executive Director for Hina Mauka, informed members of his agency’s involvement in educating policy makers and the public through sponsorship of

activities such as “Recovery Month.” Recovery Month is an annual observance that began in 1989 and takes place during the month of September. The observance highlights the societal benefits of substance abuse treatment, lauds the contributions of treatment providers and promotes the message that recovery from substance abuse in all its forms is possible. The observance also encourages citizens to take action to help expand and improve the availability of effective substance abuse treatment for those in need.

Safe and Drug-Free Schools and Communities (SDFSC). Kendyl Ko, Educational Specialist with the Department of Education (DOE), discussed the DOE’s portion of federal funds during the August 15th committee meeting:

- Federal SDFSC funding is intended to supplement existing state-funded prevention services.
- The DOE’s \$2 million is dispersed among the state’s 270 public schools and 80 to 85 private schools.
- Funding (at \$5 per student) for public schools is allocated by complex (i.e., high schools and feeder middle and elementary schools). Schools are allowed flexibility in how funds are spent.
- Performance measures relate to increasing student achievement: increase in attendance, reduction in insubordination, reduction in office referrals, improved test scores, reduction in violent incidences, etc..

Dixie Thompson of the Office of Youth Services (OYS), discussed the agency’s federal Safe and Drug-Free Schools and Communities funds:

The purposes of the Safe and Drug-Free Schools and Communities Act (SDFSCA) State Grants Program are: to support programs to meet the National Education Goal that, by the year 2000, every school in the United States will be free of drugs, violence, and the unauthorized presence of firearms and alcohol; and to offer a disciplined environment conducive to learning, by preventing violence in and around schools and strengthen programs that prevent the illegal use of alcohol, tobacco, and drugs, involve parents, and coordinated with Federal, State, and community efforts and resources.

The Governor’s portion of the SDFSCA (20% of total SDFSCA funds received by the State*) is used for grants and contracts for programs that support drug and violence prevention, early intervention, rehabilitation referral, and education. The Governor’s portion is allocated to school-based or community-based prevention efforts serving populations not normally served by schools, such as dropouts, runaways, truants, youth at risk of status offenses, gang members, pregnant teens and youth in detention centers. The services must not duplicate but should enhance DOE efforts. In addition, funds may be used to support community-wide comprehensive drug and violence prevention planning.

Specifically, the agencies provided the following:

- Assessment services.

- Positive alternative activities, e.g., sports and physical fitness; performing arts; visual arts and culturally-focused arts and crafts; and outdoor challenge experiences.
- Educational development and support services activities, e.g., tutoring, career exploration.
- Community service and entrepreneurial activities.
- Peer discussion and counseling groups.
- Family support services.
- Development of community partnerships to assess needs and facilitate resources, services and programs.
- Parent involvement activities and educational workshops for parents.
- Development of youth councils.
- Adult role models and mentoring to foster academic success and personal growth.
- Short-term counseling, information, referral and follow-up services.

RECOMMENDATIONS

HACDACS recommends to address the issue of substance abuse are as follows:

HACDACS recommends supporting community building coalitions to leverage and coordinate resources that reduce, prevent and eliminate substance abuse related problems.

HACDACS recommends strengthening the family's role in substance abuse by increasing their skills to resist drugs when offered, and strengthen their personal attitudes and commitments against drug use.

HACDACS recommends increasing the use of mass media coverage on substance abuse prevention and treatment.

HACDACS recommends strengthening substance abuse prevention and intervention programs in schools and communities and encouraging input from law enforcement and the Department of Health.

HACDACS recommends ensuring adequate funding for comprehensive treatment to assure: expanded treatment capacity; evidenced-based treatment and best practices;

availability and accessibility; program diversity; responsiveness to age, gender, gender identity, geography and culture; and length of stay through the recovery continuum.

HACDACS recommends treating substance abuse as a public health problem by promoting effective treatment approaches that include person-centered models, a diversity of services and methodologies, and lengths of stays based on individual needs.

HACDACS recommends “investing for results” by supporting the development and implementation of service models that reduce relapse, promote timely intervention when relapse does occur, and support long-term recovery.

HACDACS recommends having “no wrong door” to treatment by supporting the development of services and service settings that are inviting, particularly by those who might not use more traditional treatment and recovery services.

HACDACS recommends a “commitment to quality” by promoting communication and collaboration between and among stakeholders in designing innovative recovery support services that meet community members’ self-identified needs.

HACDACS recommends “changing attitudes” by providing opportunities for recovery community members to be visible in positive and productive roles in our communities.

HACDACS recommends “building partnerships” by encouraging the formation of groups that will unite stakeholders who are responsible for various dimensions of alcohol and drug dependence problems and solutions.

As stated in §329-4, HRS, the duties of the Hawaii Advisory Commission on Drug Abuse and Controlled Substances (HACDACS) are to:

- (1) Act in an advisory capacity to the department relating to the scheduling of substances provided in part II of this chapter, by recommending the addition, deletion, or rescheduling of all substances enumerated in part II of this chapter.
- (2) Act in an advisory capacity to the department relating to establishment and maintenance of the classes of controlled substances, as provided in part II of this chapter.
- (3) Assist the department in coordinating all action programs of community agencies (state, county, military, or private) specifically focused on the problem of drug abuse.
- (4) Assist the department in carrying out educational programs designed to prevent and deter abuse of controlled substances.
- (5) Encourage research on abuse of controlled substances. In connection with such research, and in furtherance of the enforcement of this chapter, it may, with the approval of the director of health:
 - (A) Establish methods to assess accurately the effects of controlled substances and to identify and characterize controlled substances with potential for abuse;
 - (B) Make studies and undertake programs of research to:
 - (i) Develop new or improved approaches, techniques, systems, equipment, and devices to strengthen the enforcement of this chapter;
 - (ii) Determine patterns of abuse of controlled substances and the social effects thereof; and
 - (iii) Improve methods for preventing, predicting, understanding, and dealing with the abuse of controlled substances.
- (6) Create public awareness and understanding of the problems of drug abuse.
- (7) Sit in an advisory capacity to the governor and other state departments as may be appropriate on matters relating to the commission's work.
- (8) Act in an advisory capacity to the director of health in substance abuse matters under chapter 321, part XVI. For the purposes of this paragraph, "substance" shall include alcohol in addition to any drug on schedules I through IV of this chapter and any substance which includes in its composition volatile organic solvents.

